WORKERS COMPENSATION INSURANCE

MONTHLY PREMIUM LEDGER

Policyholder Name	
Policy Number	
Insurance Carrier	

Policy Period	
Experience Modifier (Mod)	
Audit Status	

ESTIMATED ANNUAL PAYROLL

TOTAL ACTUAL PAYROLL YTD

TOTAL PREMIUM PAID YTD

OUTSTANDING BALANCE

MONTH	CLASS CODE	JOB CLASSIFICATION	NO. OF EMP.	GROSS PAYROLL	RATE (PER $100)	MANUAL PREMIUM	MOD FACTOR	TAXES & FEES	TOTAL MONTHLY PREMIUM
January									
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									
Total / YTD Summary									

Prepared By (Name & Title)

Authorized Signature / Date